



PART B - FEE(S) TRANSMITTAL

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7590 11/14/2003

McCarter & English, LLP
CityPlace I
185 Asylum Street
Hartford, CT 06103-3495

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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/766,172	01/28/2004	Daniel Py	INSC-109.4	4425

TITLE OF INVENTION: MEDICAMENT VIAL HAVING A HEAT-SEALABLE CAP, AND APPARATUS AND METHOD FOR FILLING THE VIAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/14/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAUST, TIMOTHY LEWIS	3751	141-329000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list:
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having no a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no names in listed, no name will be printed.
1. McCarter & English, LLP
 2. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEES

Medical Instill Technologies, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

New Milford, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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- A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3569 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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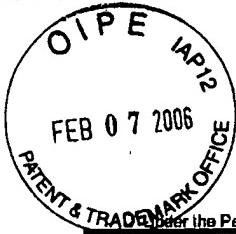
Authorized Signature Mark D. GiarratanaTyped or printed name Mark D. Giarratana, Esq.Date 7 February 2006Registration No. 32,615

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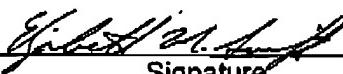
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ATTACHED HERETO FOR U.S. SERIAL NO. 10/766,172:

1. Issue Fee Transmittal (1 page)
- 2.
- 3.
- 4.
- 5.

TOTAL PAGES INCLUDING FACSIMILE TRANSMITTAL: 2

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